WW 128850

(Requestor's Name)
(Address)
(/1001033)
(Address)

(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

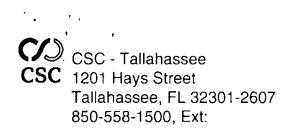
Office Use Only



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2024 HAR 19 PH 3: 00

RECEIVED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 03/19/24 Order #: 1451620-1

Re: Team First Responders, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

120000000195/7

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filling, please call our office.

COVER LETTER

	ew Filing Sec ivision of Co					
CHD IECT		t Responders, LLC				
SUBJECT	T:	Name of	Limited Lia	bility Company		
The enclos	sed Articles of	Organization and fee(s) are submit	ted for filing.		
Please retu	ırn all corresp	ondence concerning this	matter to ti	ne following:		
	Charles We	idner				
			Name	of Person		
			Firm	/Company		
	1385 Rocky	Creek Lane				
			A	ddress		
	Englewood,	, FL 34224				
	cew2875@gr	noil com	City/State	and Zip Code		
			sed for futu	re annual report notificat	ion)	
For further i	information co	oncerning this matter, pl	ease call:			
	Robert Dick	inson at	941	474-7600		
	Nan	ne of Person	Area Cod		ne Number	2024
Enclosed is	s a check for t	the following amount:			[=: }>:	!- !! 2024 HAR I
≣\$125.00) Filing Fee	□\$130.00 Filing Fed Certificate of Status	Cei	\$155.00 Filing Fee & rifled Copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is ériclo	9 PH
	Mann.			Chunch Addunes	• • •	_

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Team First Responders, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1385 Rocky Creek Lane	1385 Rocky Creek Lane
Englewood, FL 34224	Englewood, FL 34224
···	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Robert A. Dickinso	ם -	
	Name	,
460 S. Indiana Ave		
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Englewood	FL	34223
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and ham familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

IR 19 PH 3:

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Charles E. Weidner 1385 Rocky Creek Lane Englewood, FL 34224
AMBR	Alan Young 335 N.E. 31st Terrace Cape Coral, FL 33909
·	
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	e of filing: March 15, 2024 . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a m This document is execu	ember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes. c information submitted in a document to the Department of State

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in \$.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional) CSC FIN-43479